

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/661030

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED 45		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
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44	Cancel					
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	* 44 *		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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70	Cancel					
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96	Cancel					
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
<b>CLAIMS</b>									
	AS FILED <sup>1</sup>		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*	*
101									
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95									
96									
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98									
99									
100									
TOTAL IND.	8	↓		↓		↓			
TOTAL DEP.	92	←		←		←			
TOTAL CLAIMS	100								
* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS									

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